3750	CALING				E MANIFE:		1-7-1		
See reverse side for Instructions. Please type or print clearly, Press Hard.	( ) and	HAZARDOUS MA	epartment of Ho TERIALS MAN reet, Sacrament	NAGEMENT SE	ECTION	(1) Mai Nui	mber 01	5 - 002	<u> </u>
GENERATOR (Generator Must Complete)  3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)  999000894								·	
ALUMINUM COMPANY OF AM	ERICAN	approved state properties of the proved state proved stat	•			CHEM	MICAL WAST		
2 Name VERNON WORKS	<del>7 7 7 7</del> 7				0 04	vaille		<del></del>	
<del></del>		NO. <u>U.F.</u> Iress <u>900 N.</u> F	1 D 0 8 C		<del> </del>	PA NO.	BOX 1104,		
VERNON OF COOLS			NTEREY PAR			Address <u>r - U - </u> City, State, Zip_	COAL TAICA	. CA 93	210
	U.S. DOT	, 0.0.0, 2.19	GHT OR			ity, State, Zip_			
(5) U.S. DOT PROPER SHIPPING NAME	HAZARD CLASS		LUME	UNITS	CONTAINERS NOT TYPE: DRU		S 🗆 CARTO		
WASTE					_ [ T/	ANK TRUCK			
WASTE 47 & 48					□ отн		MATAILIM FAD	DICATION	
(b) WASTE CATEGORY (7) EX. HAZ. WASTE PERMIT NO (8) GENERATING PROCESS CONC. BANGE									
LIST COMPONENTS:	UPPER LOWI	R UNIT:		_			UPPER	LOWER	UNITS
(9) A			• •						□% □ ppm. □% □ ppm.
C									□% □ ppm.
D			<b>J</b> - <b>J</b>	Non Hazardous	100				a a ppin.
(10) WASTE PROPERTIES: pH7	☐ Toxic ☐ Fla	mmable 🔲 (	Corrosive/Irritar	nt 🗆 Read	ctive 🗌 Sens	sitizer 🗆 (	Carcinogen/Muta	gen	
1 PHYSICAL STATE: Solid X Liqu	id 🗴 Sludge	☐ Slurry	□ Gas □	Other WATE	ER & OIL SLI	UDGE			
2 SPECIAL HANDLING INSTRUCTIONS:	Gloves Gog	gles 🗆 Resp	oirator 🔲	Other	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
GENERATOR CERTIFICATION: This is to certify	that the above name	i materials are proj	perly classified,	described, pack	kaged, marked, labe	eled, and are in a	proper condition	for transports	ation according to
the applicable regulations of the Department of Tra	nsportation and EPA.			1	$ID_{\alpha}$	10	•		
IN THE EVENT OF A SPILL, CONTACT THE N RESPONSE CENTER, U.S. COAST GUARD 1-80	IATIONAL 00-424-8802	Œ	3) L(/(L/)		Authorized Agenta	- Longenia	42		-2-81
				Signature of A	Kutnorized Agenva	na ritie		Dat	e Shipped
	:)						ICK-UP DATE _	620	
CADOSOSTA	036	···		1					
EPA NO.   C   A   D   O   2   8   2   7   7   O   3   6    ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392									
CITY, STATE, ZIP Gardena, California 9024			6)	Signature of A	Authorized Agent a	and Title		7-12-	Date
TSD FACILITY (FACILITY-OPERATOR MUS				Oignature of 74	- Agent o				
ARERATIA)	(LND.		17	BBD	<i>う</i>	<b></b>			_
17 NAME AFFRATING LN POUNTITY (If Measured) SOBL. (2) HANDLING OR DISPOSAL METHOD:  EPA NO. Surface Impoundment Alandfill									
PHONE NO						☐ Injection Well ☐ Land Treatment			
(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND						☐ Treatment (Specify)			
SHIPMENT:						☐ Recovery or Reuse ☐ Storage/Transfer			
IF WASTE IS HELD FOR DELIVERY ELSEWHER	RE, SPECIFY THE DE	SIGNATED TSD	FACILITY:				, -		
(22) NAME				$\alpha / 1$	11/1	<b>(</b>			
EPA NO.		(2	3)	1/1	2001	/)		5-	-2-PI
		(2	シー	Signature of A	uthorized Agent a	nd Title		Date	e Accepted

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